


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P9700061275**  
 1. Corporation Name  
**BANKUNITED FINANCIAL SERVICES, INC.**

Principal Place of Business <b>550 BILTMORE WAY          SUITE 700          CORAL GABLES, FL 33134          USA</b>	Mailing Address <b>550 BILTMORE WAY          SUITE 700          CORAL GABLES, FL 33134          USA</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Country	<b>30</b> Zip

<b>3.</b> Date Incorporated or Qualified 7/15/97	
<b>4.</b> FEI Number 65 0770049	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LIPSITZ, MARC  
 550 BILTMORE WAY  
 SUITE 700  
 CORAL GABLES, FL 33134**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOUGHERTY, JAMES A.	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ASHTON, NANCY L.	
STREET ADDRESS	550 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>400002652894</b>
5.4 CITY-ST-ZIP	<b>-09/30/98--01080--037</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>***150.00</b>
6.4 CITY-ST-ZIP	

*James A. Dougherty* 9/29/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Dougherty* September 22, 1998

CR2E034 (5/98)

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*Law Offices*  
*Stuzin and Camner*

PROFESSIONAL ASSOCIATION  
SUITE 700  
550 BILTMORE WAY  
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 442-4994  
FAX (305) 442-2389

September 23, 1998

VIA FEDERAL EXPRESS

Department Of State  
Division of Corporations  
Reinstatements Section  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Annual Report Filing for BankUnited Financial Services, Inc.

Dear Sir or Madam:

On behalf of the corporation listed above, enclosed please find the 1998 Annual Report for BankUnited Financial Services, Inc., as well a check in the amount of \$150.00, in payment of the required filing fee for such annual report.

This annual report was not filed prior to May 1, because an annual report notice and form were not received from the Department of State. The omission was only recently discovered. Pursuant to a telephone conversation with an individual in the Reinstatements Section, we understand that in such circumstances the penalty fee for late filing may be waived, and hereby request such a waiver.

Please call me at (305) 529-2933 if you have any questions about this filing.

Very truly yours,

  
Bridget Wong

BAW/liz  
Enclosures  
8-117151.BAW